Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	M M / D D / Y Y Y Y
Mailing Address 2506 Bolch Street	06 22 2014 Amount
City State Zip Code Shreveport LA 71104	30.00 Transaction ID : 11612e2d-df93-44c9-8
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	06 22 2014
Mailing Address 2506 Bolch Street	00 22 2014
2555 2565.1 54.555.	Amount
City State Zip Code	30.00
Shreveport LA 71104	Transaction ID : c6fd154e-b014-43b2-8 Date of Disbursement or Obligation
Purpose of Expenditure Category/ 001	M = M / D = D / Y = Y = Y
Salary Out Type 001	06 22 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	pursement For: Primary X General
Per Election for Office Sought 34381.25 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
<u> </u>	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	06 26 2014

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 2 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			06 / 22 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	9.00
Shreveport	LA	71104	Transaction ID: 986c6b38-5a24-4bc8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	34381.25	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			06 22 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	26.00
Lafayette	LA	70503	Transaction ID : 9caa54f4-5a4c-410a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	34381.25	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		35.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 7 2014
-			

Schedule	E)	ZEITI EXI EITE			PAGE 3 OF 47 FOR SE OF FORM 24/48
	OMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
	7 <b>\\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	
Full Nam Franc	e of Payee cis Richardson			M	Public Distribution/Dissemination    Margin
Mailing A	address 220 Doucet Rd			Amount	
City		State	Zip Code		3.99
Lafayette	e	LA	70503		ction ID : cec7932b-b0e4-4b9a-8 Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	М	06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary	y L Landrieu		X Oppose	Presiden	senate State: LA
	endar Year-To-Date Election for Office Sought	7 7	34381.25	Disbursement 2014 Oth	For: Primary X General er (specify) ►
	ne of Payee dy Quartararo				Public Distribution/Dissemination
					06 22 2014
Mailing A	Address 632 Cameron Court			Amount	
City		State	Zip Code	-	75.00
Kenner		LA	70065	Transac Date of	tion ID: e8f57c72-7f9b-4816-b Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	M	6 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought:	House District:00
Ms. Mar	y L Landrieu		Oppose	Presider	
	endar Year-To-Date Election for Office Sought		34381.25	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBT	OTAL of Itemized Independent Exper	nditures		, ,	78.99
(a) 00D.	OTAL OF REITIZED TROPORTION EXPO.	ultures			70.00
(b) SUBT	OTAL of Unitemized Independent Exp	enditures		•	7 7 7
(c) TOTAI	L Independent Expenditures			•	7
with, or at	nalty of perjury I certify that the indep the request or suggestion of, any ca mittee) any political party committee of	indidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date		26 2014
Signatu	ıre		_		

FEC IDENTFICATION NUMBER \( \text{V} \)	ocneda	•		FOR SE OF FORM 24/48
Check if 24-hour report		,		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Cassidy Quartararo  Mailing Address 632 Cameron Court  Name of Federal Candidate Ms. Kary Llandrieu  Caledary Year-To-Date Per Election for Office Sought  Name of Federal Candidate Name of Payee  Lori Andress  Category/ Chart Andress  Category/ Chart Andress  To Category/ Chart Andress  Mailing Address 7214 Duchamp Dr  Category/ Chardries  Name of Federal Candidate NC 23215  Purpose of Expenditure  Mailing Address 7214 Duchamp Dr  Category/ Chardries  NC 23215  Name of Pederal Candidate NC 23216  Category/ Chardries  Category/ Cha	vvome	n Speak Out PAC		C C00530766
Cassidy Quartararo  Mailing Address 632 Cameron Court  City State Zip Code Kerner LA 70065  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Payee  Lorri Anderson  Mailing Address 7214 Duchamp Dr  State Zip Code  No. 23215  Date of Public Distribution/Dissemination  Category/ Oot  Amount  Amount  City State Zip Code  Charlotte  No. 23215  Name of Federal Candidate  No. 23215  Name of Payee  Lorri Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code  Charlotte  No. 23215  Name of Federal Candidate  No. 23215  No. 2321  No. 2321  Name of Federal Candidate  No. 23215  No. 2321  Name of Federal Candidate  No. 23215  No. 2321  No.	Check if	24-hour report X 48-hour report New report Ame	nds report filed	
Mailing Address 632 Cameron Court  City State Zip Code Type O02  Mailing Address 632 Cameron Court  City State Zip Code Type O02  Calendar Year-To-Date Purpose of Expenditure Moderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Office Sought House District: O0  Mailing Address 7214 Duchamp Dr  City State Zip Code Office Sought				Date of Public Distribution/Dissemination
City State Zip Code Kenner LA 70065  Purpose of Expenditure Mailing Address 7214 Duchamp Dr  City State Zip Code NC 23215  Full Name of Federal Candidate Naling Address 7214 Duchamp Dr  City State Zip Code NC 23215  Transaction ID: e175591c-24e-42f7-b Date of Disbursement or Obligation  Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary General Per Election for Office Sought  Transaction ID: e375691c-24e-42f7-b Date of Disbursement or Obligation  Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary General Per Election for Office Sought  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disbursement or Obligation  Office Sought: House District: 00  Transaction ID: 36786691ab2-466f-b Date of Disburs		•		
Renner	Mailin	g Address 632 Cameron Court		Amount
Renner	Citv	State Zip Code		8,22
Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LOrri Anderson  Malling Address 7214 Duchamp Dr  City Charlotte  NC 23215  Purpose of Expenditure Salary  Name of Federal Candidate NC 23215  Purpose of Expenditure Salary  Name of Pederal Candidate NC 23215  Purpose of Expenditure Salary  Name of Pederal Candidate NC Category/ Type  Office Sought:  House District:  Date of Public Distribution/Dissemination  Office Sought  Amount  Transaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Transaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Office Sought:  NC 23215  Transaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Office Sought:  NC Calendar Year-To-Date Per Election for Office Sought  31141.50  Oppose  President Senate State: NC Disbursement For: Primary General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				Transaction ID : e175591c-2a4e-42f7-b
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Lorri Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Charlotte NC 23215  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID: 3c7te869-fab2-4e5f-b Date of Disbursement or Obligation  Moffi 23 2 2014  Amount  Tansaction ID: 3c7te869-fab2-4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7te869-fab2-4e5f-b Date of Disbursement For: Disbursement For: Primary Seneta Seneta State: NC Disbursement For: Primary Seneral Other (specify) ▶  Under penalty of pripury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan    Electronically Filed    Date   Dat		Category/	002	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Lorri Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Charlotte NC 23215  Purpose of Expenditure Salary  Category/ Tiype 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date Of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7/e889-fab2 4e5f-b Date of Disbursement or Disburseme	Name	of Federal Candidate Su	upport Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Lorri Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Charlotte NC 23215  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed)  Date Of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Transaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Transaction ID: 3c7fe869-fab2-4e5f-b Date of	Ms. M	land Landrice		
Full Name of Payee LOTTI Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Charlotte NC 23215  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  Mo 6 23 2014  Amount  Transaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  To 06 23 2014  Other (specify)  Category/ On 66 23 2014  Other (specify)  Category/ On 66 26 2014  Date of Public Distribution/Dissemination  Mo 6 25 2014  Amount  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  To 06 23 2014  Other (specify)  Category/ On 66 23 2014  Other (specify)  Category/ On 66 23 2014  Date of Public Distribution ID: 2c014  Amount  Tansaction ID: 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation  To 06 25 2014  Date of Public District ID: 2c014  Date of Category/ On 66 25 2014  Date of Category/		0.4004.05		
Lorri Anderson  Mailing Address 7214 Duchamp Dr  City State Zip Code Charlotte NC 23215  Purpose of Expenditure Salary  Name of Federal Candidate Support Ms. Kay Hagan  Name of Federal Candidate Support Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought 31141.50  Calendar Year-To-Date Per Election for Office Sought Office Sought Office Sought State: NC  Calendar Year-To-Date Per Election for Office Sought Office Sought Office Sought State: NC  Calendar Year-To-Date Per Election for Office Sought Office Sought Office Sought Office Sought State: NC  Calendar Year-To-Date Per Election for Office Sought Office S	E.U.N	- I Pour		
Mailing Address 7214 Duchamp Dr  City State Zip Code NC 23215  Purpose of Expenditure Salary  Category/ O01  Name of Federal Candidate State Support Ms. Kay Hagan  Name of Federal Candidate State State State NC Oppose President State: NC Other (specify)  Calendar Year-To-Date Per Election for Office Sought 31141.50  (a) SUBTOTAL of Itemized Independent Expenditures State Stat				M = M / D = D / Y = Y = Y
Charlotte  NC  23215  Transaction ID: 3c7fe8694ab2-4e5f-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 3c7fe8694ab2-4e5f-b Date of Disbursement or Obligation  Office Sought: House District: 00 President Senate State: NC  Disbursement For: Primary General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Office Sought:  House District: 00  President Sequence Sought:  House District: 00  Other (specify)  Total Independent Expenditures  Disbursement For: Primary General  2014  Other (specify)  53.22	Mailin	g Address 7214 Duchamp Dr		
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District: 00 President X Senate State: NC  Other (specify)  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (c) TOTAL Independent Expenditures  [Electronically Filed] Date  Office Sought:  House District: 00 Other (specify)  Calendar Year-To-Date President X Senate State: NC  Other (specify)  Date Of Disbursement or Obligation	City	State Zip Code		45.00
Purpose of Expenditure Salary    Name of Federal Candidate	Charl	otte NC 23215		Transaction ID : 3c7fe869-fab2-4e5f-b Date of Disbursement or Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		Category/	001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  31141.50  Disbursement For: Primary 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Name	of Federal Candidate St	upport Offic	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. K	ay Hagan 🔀 o	ppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		04444.50		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a) SU	BTOTAL of Itemized Independent Expenditures		53.22
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat	(b) SU	BTOTAL of Unitemized Independent Expenditures	······	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(c) TO	FAL Independent Expenditures	······	
[Electronically Filed] Date 06 26 2014	with, or	at the request or suggestion of, any candidate or authorized committee or		
Dutc 11				
	Sign		Date L	المنتقط الناال

PAGE 4

OF

Sch	edule E)		PAGE 5 OF 47 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C C00530766
Chec	k if 24-hour report X 48-hour report New	v report Amends repo	rt filed on
٦,	Till Name of Pages		
	Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination  06 / 23 / 2014
N	Mailing Address 7214 Duchamp Dr		Amount
	City State	Zip Code	0.60
	Charlotte NC	23215	Transaction ID: d175a29e-5ea0-4d1c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	06 / 23 / Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought	31141.50	Disbursement For:  Primary  General 2014  Gher (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
Т	Belinda Blake		06 23 2014
-	Mailing Address 7214 Duchamp Dr.		30 20 2014
Т	·		Amount
-	Dity State	Zip Code	45.00
	Char NC	28215	Transaction ID : 7b6dcea9-568f-45a5-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	06 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
L	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	31141.50	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures		45.60
(b	) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(с	) TOTAL Independent Expenditures		<b>&gt;</b>
wi	nder penalty of perjury I certify that the independent expendit th, or at the request or suggestion of, any candidate or autho arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elec	ectronically Filed] Date	06 26 2014
	Signature		

Schedule E)	IN EXICIN	DITORLO	PAGE 6 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination
			06 23 7 2014
Mailing Address 7214 Duchamp Dr.			Amount
City	State	Zip Code	7.80
Char	NC	28215	Transaction ID: 5348ecab-d497-470b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 23 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	15.00
Spindale	NC	28160	Transaction ID: 1d5e293f-5681-48bd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 DDD / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expendi	tures		22.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(4, 55-55-56-56-56-56-56-56-56-56-56-56-56-5			49. 49. 49.
(c) TOTAL Independent Expenditures			•
	lidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	ZEIGI EXI EIG	DITORILO	PAGE 7 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 23 7 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	70.00
Mt. Airy	NC	27030	Transaction ID: e6b3dc1a-b7b0-436f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	15.30
Mt. Airy	NC	27030	Transaction ID : 6d58d525-4234-4e22-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		85.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Scł	nedule E)				PAGE 8 OF 47 FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			D	ate of Public Distribution/Dissemination
	Jonathan Ödette				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Mailing Address 9600 Earpsboro Chamblee Road			Aı	mount
H	City State		Zip Code	— Г	80.00
١	Wendell NC		27591		ransaction ID: 11a765d5-cc0c-410f-8 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		X Oppose		esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		31141.50	Disburse 2014	ement For:  Primary  General  Other (specify) ▶
Γ	Full Name of Payee			D	Date of Public Distribution/Dissemination
	Madeline Doucet				06 23 2014
ŀ	Mailing Address 73 Catalpa Trace				2014
	·			A	mount
ŀ	City State		Zip Code		15.00
	Covington LA		70433	<b>Tra</b>	ansaction ID : b02e3114-b51e-4cb7-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 23 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pro	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburse 2014	ement For:  Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			• •	95.00
(i	o) SUBTOTAL of Unitemized Independent Expenditures				
(0	c) TOTAL Independent Expenditures			•	
W	nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or au arry committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	ically Filed] Date	M = M 06	26 2014
	Signature				

Schedule E)	LIVI LXI LIVI	STICILO	PAGE 9 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			06 / 23 / 2014
110 W Pecan St			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: 4f9bab88-15d3-41dc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 23 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			06 23 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	17.40
Ville Platte	LA	70586	Transaction ID: 9a48b462-e33b-4833-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. 57.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	edule E)	EXI EIIDI	TOTILO			PAGE 10 OF 47 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)					ENTIFICATION NUMBER 1	_
Wo	omen Speak Out PAC					000530766	1
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed or	n/	D   D / Y   Y   Y   Y	]
TF	Full Name of Payee Branson Cambre			Г		Distribution/Dissemination	
					M M /	23 / 2014	
IV	Mailing Address 117 Middleburg Dr.				Amount		
С	Dity S	State	Zip Code	— I		55.00	7
	Lafayette	LA	70508			<b>D: ec4a3882-8ed1-4178-9</b> sement or Obligation	-
	Purpose of Expenditure Salary		Category/ Type 00	-	M M / 06	23 / Y 2014	]
N	Name of Federal Candidate		Support	Office S	Sought:	House District: 00	
N	Ms. Mary L Landrieu		X Oppose		resident X	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburse 2014	ement For: [	Primary	I.
	Full Name of Payee			1		Distribution/Dissemination	
	Branson Cambre				M M /	23 / 2014	٦!
N	Mailing Address 117 Middleburg Dr.				الثنا	2017	_
				/	Amount		_
- 1	,	State	Zip Code			17.40	
L	Lafayette	LA	70508	TI	r <b>ansaction ID</b> Date of Disbur	: 3ae0848c-787a-47b7-9 rsement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002	2	06	23 / 2014	
- 1	Name of Federal Candidate		Support	Office S	Sought:	House District: 00	_
_ N	Ms. Mary L Landrieu		X Oppose	P	President X	Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburs 2014	ement For: Other (spe	Primary X Genera	ıl
				-			
(a)	) SUBTOTAL of Itemized Independent Expenditures			▶		72.40	
(b)	) SUBTOTAL of Unitemized Independent Expenditure	<b>∍</b> s		··· •			
(c)	) TOTAL Independent Expenditures			···· • [	1 1 7		
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ago	or authorized					
	Ms. Emily Buchanan	[Electron	<i>ically Filed]</i> Da	ate 06	/ DD D	2014	
	Signature						

Schedule E)	IDENT EXICIO	HONES	PAGE FOR SE	11 OF 47 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC  C C00530766				
Check if 24-hour report X 48-hour report	ort New rep	oort Amends repo	rt filed on M / D D	/ Y = Y = Y = Y
Full Name of Payee Jonathan Odette			Date of Public Distribu	tion/Dissemination
Mailing Address 9600 Earpsboro Chamblee	Road		06 23	2014
			Amount	
City	State	Zip Code		80.00
Wendell	NC	27591	Transaction ID: 0782I Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	06 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	e State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For: Prin 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Jonathan Odette			06 / 23	2014
Mailing Address 9600 Earpsboro Chamble	ee Road		Amount	
City	State	Zip Code		8.70
Wendell	NC	27591	Transaction ID : 32060 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	06 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Kay Hagan		Oppose	President Senat	
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For: Prir 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures			88.70
				<del>-</del>
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y 06 26	2014
orgination o				

Schedule E)	LIVI EXI LIVE	ATOTILO	PAGE 12 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Chassidy Menard			06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Walter Dr.			Amount
City	State	Zip Code	70.00
Lafayette	LA	70507	Transaction ID : 4401520f-2518-4fb7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	34381.25	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Lily Green			06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	40.00
Shreveport	LA	71119	Transaction ID : 5f1838cb-b7be-4330-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	34381.25	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		▶ 110.00
(b) SUBTOTAL of Unitemized Independent Exp.	andituras		
(b) SOBTOTAL OF OFMERINZED INDEPENDENT EXP	enalares		
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 06 26 Y 2014
-			

Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 13 OF 47 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C C00530766			
Check if 24-hour report X 48-hour report	check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination			
Lily Green			06 / 23 / 2014			
Mailing Address 205 Medallion Circle			Amount			
City	State	Zip Code	15.00			
Shreveport	LA	71119	Transaction ID : 382a3622-11e1-4802-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	06 / 23 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:  Primary  General 2014  Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Francis Richardson			06 23 7 2014			
Mailing Address 220 Doucet Rd			Amount			
City	State	Zip Code	25.00			
Lafayette	LA	70503	Transaction ID : 2bda13ea-4e66-4dca-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	06 23 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:  Primary  General 2014  Gther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expen	ditures		40.00			
(b) CURTOTAL of Heiteriand Indianation Francisco	and difference of					
(b) SUBTOTAL of Unitemized Independent Exp	enaitures		•			
(c) TOTAL Independent Expenditures			<b>•</b>			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 2014			
- 9						

Scl	hedule E)					PAGE 14 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
						500550755
Che	eck if 24-hour report X 48-hour report Ne	∍w rep	oort Amends repor	rt filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee Francis Richardson			Da	ite of Public	Distribution/Dissemination
					06 /	23 / 2014
	Mailing Address 220 Doucet Rd			An	nount	
-	City State		Zip Code	- $ $ $ $ $ $		1.29
	Lafayette LA		70503			D: cd2fdba1-1aa8-4078-8 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / 06	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X Oppose		sident	
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburser 2014	ment For:	Primary
ľ	Full Name of Payee			Da		: Distribution/Dissemination
	David Ford				06 /	23 2014
ľ	Mailing Address 106 Hillside St					
Ì				A	nount	
	City State		Zip Code			15.00
	Spindale NC		28160	Tra Da	<b>nsaction ID</b> ate of Disbu	: 8441a64e-8328-4084-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06	23 / 2014
	Name of Federal Candidate		Support	Office So	ught:	House District: 00
	Ms. Kay Hagan		Oppose	Pre	esident >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		31141.50	Disburser 2014	ment For:	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures			•	-	16.29
(1	b) SUBTOTAL of Unitemized Independent Expenditures					
(0	c) TOTAL Independent Expenditures			. •	1 1 4	
W	Under penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	lectron	nically Filed] Date	M M M	/ 26	2014
	Signature					

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	David Ford	06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 106 Hillside St	Amount
	City State Zip Code	4.02
	Spindale NC 28160	Transaction ID : cf71bf4b-922e-4704-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 06 23 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	04444 50	ırsement For: Primary X General
	Per Election for Office Sought 31141.50 2014	Other (specify) ▶
	Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination
	Mailing Address 859 Hicks Rd	06 23 2014
	Mailing Address 859 Hicks Rd	Amount
	City State Zip Code	60.00
	Washington LA 70589	Transaction ID: 2a689d95-78e2-4ab1-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	06 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	64.02
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	TT 4 ' 11 T' 11 11	6 26 2014
	Signature	20 2017

PAGE 15

OF

FEC IDENTIFICATION NUMBER ▼		modulo L)	FOR SE OF FORM 24/48
C C CO0530766  Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mr. Alex Peyton  Mailing Address as 58 Hicks Rd  Name of Payee Mr. Alex Peyton  Mailing Address as 58 Hicks Rd  Date of Public Distribution/Dissemination  Transaction ID: 487526-46914202-8  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Transaction ID: 487526-46914202-8  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Transaction ID: 487526-46914202-8  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Transaction ID: 487526-46914202-8  Date of Public Distribution/Dissemination  Transaction ID: 487526-469	۷۷	romen opeak Out FAC	C C00530766
Mr. Alex Peyton  Mailing Address 859 Hicks Rd  City Stale Zip Code  Washington LA 70589  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 157 Bishop Drive  City State Zip Code  Amount  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement or Obligation  Washington  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement or Obligation  Mailing Address 158 Expenditure  Amount  Date of Public Distribution/Dissemination  Mailing Address 157 Bishop Drive  City State Zip Code  Avondale LA 70094  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary Landrieu  Calegory/ Type 001  Name of Federal Candidate  Ms. Mary Landrieu  Calegory/ Type 001  Name of Federal Candidate  Ms. Mary Landrieu  Calegory/ Type 001  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Amount  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Description of Disbursement or Obligation  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Amount  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Description of Disbursement or Obligation  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Duble Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-469f-42da-6 Date of Duble Date of Disbursement For: Primary Calendary  Transaction 10: 49fb2/6a-6 Date of Duble Date Date Date Date Date	Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on M M M / D D / Y Y Y Y Y
Mailing Address 859 Hicks Rd  City State Zip Code 70599 Transaction ID: 481626a-4691-42da-8 Date of Disbursement or Obligation Disbursement or Obligation Office Sought Senate State: LA Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu State Zip Code Avondale LA 70094 Transaction ID: 481656aa9-545d-4226-b Date of Disbursement or Obligation Office Sought State: LA Calendar Year-To-Date Purpose of Expenditure Salary State Zip Code LA 70094 Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Obligation Office Sought State: LA Calegory/ Other (specify) ▶  City State Zip Code Avondale LA 70094 Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Obligation Office Sought Salary State: LA Date of Public Distribution/Dissemination Office Sought Salary State Salary S	Т		Date of Public Distribution/Dissemination
City State Zip Code Washington LA 70589  Purpose of Expenditure Mileage		•	
Vashington   LA   70589   Transaction ID : 48/b2/6a-469/-42da-8   Date of Disbursement or Obligation		Mailing Address 859 Hicks Rd	Amount
Vashington   LA   70589   Transaction ID : 48/b2/6a-469/-42da-8   Date of Disbursement or Obligation	ŀ	City State Zip Code	23.10
Purpose of Expenditure Mileage		·	Transaction ID : 48fb2f6a-469f-42da-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mr. Elizabeth Allison  Mailing Address 157 Bishop Drive  City State LA T0094  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Mod 23 / 2014  Amount  Tansaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Mod 23 / 2014  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Tother (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Date  Tother Sought  Transaction ID : 48965a9-5454-4226-b Date of Disbursement For:  Date of Public Distribution/Dissemination  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbursement or Obligation  Transaction ID : 48965a9-5454-4226-b Date of Disbu		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu    Calendar Year-To-Date Per Election for Office Sought   34381.25   Disbursement For:   Primary   General 2014   Other (specify) ▶	ľ	Name of Federal Candidate Support Offic	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Mr. Elizabeth Allison  Mailing Address 157 Bishop Drive  City State Zip Code Avondale  LA 70094  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election fo		Ma Marul Landriau	
Full Name of Payee Mr. Elizabeth Allison  Mailing Address 157 Bishop Drive  City State Zip Code Avondale LA 70094  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan    Date of Public Distribution/Dissemination   M		Calcindal Ical to Bate	
Mr. Elizabeth Allison  Mailing Address 157 Bishop Drive  City State Zip Code Avondale LA 70094  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  [Electronically Filed]  Mamount  Amount  Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Obligation  Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Disbursement or Obligation  Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or	ŀ	Full Name of Pavee	
Mailing Address 157 Bishop Drive    Amount			M M / D D / Y Y Y Y
Avondale LA 70094  Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Avondale  LA 70094  Transaction ID: 48865aa9-545d-4226-b Date of Disbursement or Obligation  Office Sought: House District: _00  President		Mailing Address 157 Bishop Drive	
Purpose of Expenditure Salary    Date of Disbursement or Obligation   Date of Disburs	ŀ	City State Zip Code	11.00
Purpose of Expenditure Salary    Name of Federal Candidate			
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Salany Category 001	M = M / D = D / Y = Y = Y
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  34381.25  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		2014	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(a) SUBTOTAL of Itemized Independent Expenditures	34.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 06 26 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Dutc vv =v =v =v		(El - + 1). Ett - 11	
		Date	

PAGE 16

OF

Scł	hedule E)	L/II LITE.	10.120		PAGE 17 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
_					
	Full Name of Payee Mr. Elizabeth Allison				of Public Distribution/Dissemination  of Public Distribution/Dissemination  of Public Distribution/Dissemination  23 2014
	Mailing Address 157 Bishop Drive			Amou	punt
-	City S	State	Zip Code	-	4.50
L	Avondale	LA	70094		saction ID: 444d055e-4b2a-4499-b e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement 2014	ent For:
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Glenda McKinney				06 23 2014
ľ	Mailing Address 308 West Main Street				حندا لنا لت
				Amo	ount
ľ	City	State	Zip Code	— F.	100.00
		NC	27041	Trans Date	saction ID: 2fed0233-d649-46cf-b e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid [$	06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		Oppose	Presid	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought		31141.50	Disburseme 2014	ent For: Primary X Genera Other (specify) ►
				-	
(8	a) SUBTOTAL of Itemized Independent Expenditures				104.50
(l	b) SUBTOTAL of Unitemized Independent Expenditure	)S		·· •	1711711
(0	c) TOTAL Independent Expenditures			· •	
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 06	26 2014
	Signature		_		

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Glenda McKinney		06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	An	nount
City State	Zip Code	14.58
Plot Mountain NC	27041 Tra	ansaction ID : 012557cf-ef85-4988-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 23 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	X Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	31141.50 Disburser 2014	ment For:
Full Name of Payee Ky Broussard  Mailing Address 301 N Cedar Street		ate of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	г	
City State Abbeville LA		40.00 Insaction ID : 508de9f7-cd6c-4c81-9
Purpose of Expenditure Salary	Category/ 001	ate of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Type	
Name of Federal Candidate	Support Office So	
Ms. Mary L Landrieu	Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	34381.25 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	54.58
(b) SUBTOTAL of Unitemized Independent Expenditures	· · ·	7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	1 4 1 4 1 4 1
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date 06	26 2014
Signature		

PAGE

18

OF

Schedule E)	IN EXILIN	JII OI LO	PAGE 19 OF 47 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
Ky Broussard			06 / 24 / 2014		
Mailing Address 301 N Cedar Street			Amount		
City	State	Zip Code	12.00		
Abbeville	LA	70510	Transaction ID: 1782343b-d631-4856-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:  Primary  General 2014  Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Belinda Blake			06 24 2014		
Mailing Address 7214 Duchamp Dr.			Amount		
City	State	Zip Code	45.00		
Char	NC	28215	Transaction ID : ac4028db-3f8f-429f-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	06 24 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	-77	31141.50	Disbursement For:  Primary  General 2014  Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 57.00		
(b) SUBTOTAL of Uniternized Independent Exper	nditures				
(a) action is a comment and an approximation as positive in the comment and a comment			4 4		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 7 2014		
-					

Schedule E)	IVI EXI EIVI	SHORLS	PAGE 20 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Belinda Blake			06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.			Amount
City	State	Zip Code	9.30
Char	NC	28215	Transaction ID : 443ecaac-8c7f-4e9e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	31141.50	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 24 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	45.00
Charlotte	NC	23215	Transaction ID : b2cb7ab3-b3f6-49b1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 54.30
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 2014
Oignature			

Schedule E)	I LIVELIVI EXI ENDI			PAGE 21 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Lorri Anderson				ic Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			06 06	24 / 2014
7214 Buchamp Bi			Amount	
City	State	Zip Code		0.60
Charlotte	NC	23215		ID: 3a21584f-e34b-4004-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Ky Broussard			M M M	24 2014
Mailing Address 301 N Cedar Stree	et .		Amount	
City	State	Zip Code		30.00
Abbeville	LA	70510	Transaction I  Date of Disb	<b>D</b> : 23008f95-35f3-4619-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	24 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independe	ent Expenditures		•	30.60
	=			
(b) SUBTOTAL of Unitemized Indeper	ident Expenditures		•	7
(c) TOTAL Independent Expenditures.			<b>)</b>	4
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party committee	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 06 26	/ Y Y Y Y Y 2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ky Broussard	06 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 301 N Cedar Street	Amount
	City State Zip Code	12.00
	Abbeville LA 70510	Transaction ID : 9fb6f314-d6ac-4e0f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General
	Per Election for Office Sought	Other (specify) >
	Full Name of Payee Regina Wilson	Date of Public Distribution/Dissemination
	Mailing Address 2020 Hinson Loop Road	06 23 2014
		Amount
	City State Zip Code	100.00
	Little Rock AR 72212	Transaction ID: 6aa75546-ff13-4e32-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	06 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	orsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	112.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

PAGE 22

OF

Schedule E)	ENT EXILIN	BITOTILO	PAGE 23 OF 47 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
Andrew Shiver			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 110 Earlston Ct			Amount		
City	State	Zip Code	80.00		
Knightdale	NC	27545	Transaction ID: 050cadf3-bf1e-470e-8 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	06 23 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:		
Full Name of Payee			Date of Public Distribution/Dissemination		
Andrew Shiver			06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 110 Earlston Ct			Amount		
City	State	Zip Code	4.65		
Knightdale	NC	27545	Transaction ID : 2aa85004-0294-46aa-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expendent	litures		84.65		
(b) SUBTOTAL of Unitemized Independent Experience	enditures		<b>&gt;</b>		
(c) TOTAL Independent Expenditures			<b>&gt;</b>		
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
<b>3</b>					

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC	DIDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	С	C00530766
Chec	ck if 24-hour report X 48-hour report New report Amends report filed o	on M M	/ D = D / Y = Y = Y
F	Full Name of Payee	Date of Pu	ublic Distribution/Dissemination
	Jacqueline Doucet	M M	/ D D / Y Y Y Y Y Y Y 2014
1	Mailing Address 73 Catapa Trace	Amount	
(	City State Zip Code	Г	15.00
L	•		on ID : 34d3b309-0c53-480f-b sbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	06	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement Fo	r: Primary
	Full Name of Payee  Dylan Simon		ublic Distribution/Dissemination
	Mailing Address	06	24 2014
	Mailing Address 111 Millrock Drive	Amount	
	City State Zip Code		37.50
			n ID : cf726d10-e517-46aa-8 isbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	06	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement Fo	r: Primary X General (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures		52.50
(b	SUBTOTAL of Unitemized Independent Expenditures		7
(c	) TOTAL Independent Expenditures		7 7 5
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not made th, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 06	M / D	2014
	Signature		

PAGE

OF

Schedule E)	INI EXI EN	DITORILO	PAGE 25 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			06 24 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	3.09
Lafayette	LA	70508	Transaction ID: 5411cc03-4e77-499d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Haley Brown			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive			Amount
City	State	Zip Code	20.00
Winston-Salem	NC	27030	Transaction ID : f7111c7e-1147-48be-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	31141.50	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		23.09
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· -
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mr. Haley Brown	06 24 2014
	Mailing Address 344 Natalie Drive	Amount
	City State Zip Code	9.00
	Winston-Salem NC 27030	Transaction ID: 37dd2772-3c99-44e4-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 06
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd	06 24 2014 Amount
	City State Zip Code	80.00
	Mt. Airy NC 27030	Transaction ID : fcd3f3de-2bac-41cc-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M 06 24 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	89.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( 11 77) 11	6 26 2014
	Signature	للنتا لتا ل

PAGE 26

OF

Sch	nedule E)	AI LIVE	TOTILO				PAGE 27 FOR SE OF	OF 47 FORM 24/48	
	IE OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		<b>▼</b>
W	omen Speak Out PAC						C00530766		
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D   D /	Y = Y = Y =	Y
Т	Full Name of Payee				Da	ate of Public	Distribution/D	Dissemination	_
	Ms. Tonya Boyd					06	24	2014	
	Mailing Address 2357 Fancy Cap Rd				Ar	mount			
ŀ	City Stat	te	Zip Code					12.03	
	Mt. Airy NO	<b>D</b>	27030				D: 77fa4443-9 irsement or Ob		
	Purpose of Expenditure Mileage		Category/ Type	002		06	24	2014	Υ
	Name of Federal Candidate			Support	Office So	ught:	House D	istrict: 00	
	Ms. Kay Hagan			Oppose			Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought		31141.50		Disburser 2014	ment For: Other (sp	Primary ecify) ▶	X Gene	al
r	Full Name of Payee				Da	ate of Public	c Distribution/[	Dissemination	
	Ralph Smith					M M /	/ D D /	2014	Υ
1	Mailing Address 2000 Fancy Gan Rd					06	24	2014	
	Mailing Address 2090 Fancy Gap Rd				Aı	mount			
	City Sta	ite	Zip Code					80.00	
	Mt. Airy No Purpose of Expenditure	C 	27030		Tra Da	insaction ID ate of Disbu	<b>D: 18f60445-0</b> ursement or O	5c2-4ed2-8 oligation	
	Salary		Category/ Type	001		06	24	2014	Y
	Name of Federal Candidate			Support	Office So	ought:	House [	District:00	
	Ms. Kay Hagan		X	Oppose		•	Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought		31141.5	0	Disburse 2014	ment For: Other (sp	Primary	X Gene	ral —
(8	a) SUBTOTAL of Itemized Independent Expenditures				· • _	-	7	92.03	_
(k	b) SUBTOTAL of Unitemized Independent Expenditures.				. •	1 2	7	- 4	
(0	c) TOTAL Independent Expenditures				•		1 7		
W	nder penalty of perjury I certify that the independent ex ith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent	authorized							
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 26	2014		
	Signature		_				-		

Schedule E)	NDENT EXILITE	ON ONES	PAGE 28 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	ort New re	port Amends repo	ort filed on
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination
·			06 / 24 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	12.30
Mt. Airy	NC	27030	Transaction ID: 8243ea38-1975-4a3e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa Burkhart			06 24 2014
Mailing Address 3126 Chester Ct			Amount
City	State	Zip Code	40.00
Metairie	LA	70006	Transaction ID: 8a4688d6-e4b8-4994-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		. ▶ 52.30
(b) SUBTOTAL of Unitermized Independent	Evnenditures		
(b) 30B101AL of Officernized independent	_xperialtares		7 7 7
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 7 2014
-			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Theresa Burkhart	06 24 2014
Mailing Address 3126 Chester Ct	Amount
City State Zip Code	5.73
Metairie LA 70006	Transaction ID : 9d2dcca3-8a12-4ed5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 34381.25	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payer	
Full Name of Payee Rachelle Doucet	Date of Public Distribution/Dissemination  06 24 2014
Mailing Address 73 Catalpa Trace	Amount
City State Zip Code	15.00
Covington LA 70433	Transaction ID : 5df8b99f-ef4e-4509-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 34381.25	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 20.73
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repor	t Amends repo	rt filed on	T = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ms. Ashlen Sandoz				06 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 204 Ranger Place			Amou	ınt
City	State Z	ip Code	— I	10.00
Slidell		70115		saction ID: a65850ae-e9a1-40e0-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		06 / 24 / 2014
Name of Federal Candidate	,	Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	3.	4381.25	Disbursemer	nt For: Primary X General Other (specify) ▶
Full Name of Payer				
Full Name of Payee Ms. Amanda Posey				of Public Distribution/Dissemination
Mailing Address 819 Lyons St			Amou	
City	State Z	Zip Code	— I	40.00
New Orleans		70115		action ID: 08ba114a-3c87-4865-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		06 24 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	lent State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	34381.25	Disbursemen 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		<b>.</b>	50.00
(b) SUBTOTAL of Unitermized Independent Exper	nditures		· [	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	1 2 1 2 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized of			
Ms. Emily Buchanan	[Electronico	ally Filed] Date	M M / 06	26 2014
Signature		Date		

PAGE

30

OF

Schedule E)	IN EXILIN	DITORLO	PAGE 31 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 / 24 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	45.00
Spindale	NC	28160	Transaction ID : f8496e23-a2ff-4edf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		31141.50	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 24 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	4.44
Spindale	NC	28160	Transaction ID : 631d01ba-4537-4f12-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	31141.50	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		49.44
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 7 2014

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Andrew Shiver	06 24 2014
Mailing Address 110 Earlston Ct	Amount
City State Zip Code	70.00
Knightdale NC 27545	Transaction ID : ed6a74c5-c96e-455a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcillati Ical Ic Batc	Disbursement For: Primary General  Other (specify) ▶
Full Name of Davis	
Full Name of Payee Andrew Shiver	Date of Public Distribution/Dissemination  06 24 2014
Mailing Address 110 Earlston Ct	Amount
City State Zip Code	9.60
Knightdale NC 27545	Transaction ID : c8cc6154-05e1-4a8f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.60
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	06 26 2014
Signature	

PAGE

32

OF

Sc	chedule E)	11 =/11 = 11 = 1	1101120		PAGE 33 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
	eck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee			Date	of Public Distribution/Dissemination
	Ms. Chassidy Menard			- N	06 24 2014
	Mailing Address 515 Walter Dr.			Amou	nt
Ì	City	State	Zip Code		45.00
	Lafayette	LA	70507		action ID : 114adedd-758c-4f59-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office Sough	t: House District:00
Ì	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	34381.25	Disbursemen 2014 O	tt For:
Ì	Full Name of Payee	_		Date	of Public Distribution/Dissemination
Ì	Ms. Chassidy Menard				06 24 2014
	Mailing Address 515 Walter Dr.				00 24 2017
				Amou	int
	City	State	Zip Code		66.60
	Lafayette	LA	70507	<b>Transa</b> Date	action ID: 49fc637a-f946-429e-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		06 / 24 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursemer 2014 C	nt For: Primary X General Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditur	'es		·· •	111.60
(	(b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	
	(c) TOTAL Independent Expenditures			· [	7
١	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	26 2014
	Signature				

Sc	hedule E)				PAGE 34 OF 47 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C	00530766
Che	eck if 24-hour report X 48-hour report New report Amer	nds repo	rt filed on	M /	D   D / Y   Y   Y   Y
T	Full Name of Payee Jonathan Odette			of Public	Distribution/Dissemination
ŀ	Mailing Address 9600 Earpsboro Chamblee Road		Amou	06	24 2014
L					
	CityStateZip CodeWendellNC27591				70.00  1: 0edfb3fe-f225-4283-b  sement or Obligation
ľ	Purpose of Expenditure Salary  Category/ Type	001		06 /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	upport	Office Sough	t:	House District:00
	Ma Karallanaa	opose	Preside		NC NC
	Calendar Year-To-Date Per Election for Office Sought 31141.50		Disbursemen 2014 O	t For:	Primary
-	Full Name of Payee Jonathan Odette  Mailing Address 9600 Earpsboro Chamblee Road			06 /	Distribution/Dissemination  24  2014
ŀ	City State Zip Code				13.20
	Wendell NC 27591				: 2e676927-8646-4703-9 sement or Obligation
	Purpose of Expenditure Mileage  Category/ Type	002	N	06 /	24 / 2014
ľ	Name of Federal Candidate Su	upport	Office Sough	t:	House District: 00
	Ms. Kay Hagan Op	ppose	Preside	ent X	
	Calendar Year-To-Date Per Election for Office Sought 31141.50		Disbursemen 2014 C	t For: ther (spe	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures		· [	1 1 1 -7-	83.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures		· -		
(	(c) TOTAL Independent Expenditures		•	-	7 4
W	Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	06	26	2014
	Signature				

Schedule E)	EXI END	TONLO		PAGE 35 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Mr. Alex Peyton				Date of Public Distribution/Dissemination
Mailing Address 859 Hicks Rd				06 24 2014 Amount
City	State	Zip Code		60.00
Washington	LA	70589		Transaction ID : 0e091b59-92d7-4304-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppor	rt Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	34381.25	Disbu 2014	rsement For: Primary General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Mr. Alex Peyton				06 / 24 / 2014
Mailing Address 859 Hicks Rd				للنبا ليا لنبا
				Amount
City	State	Zip Code		34.80
Washington	LA	70589		Transaction ID: 0f0462b4-f5dc-4f60-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	rt Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	е	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	34381.25	Disbu 2014	rsement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		······ <b>&gt;</b>	94.80
(b) SUBTOTAL of Unitemized Independent Expenditu	res		······ <b>&gt;</b>	1 7 1 7 1 7
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	
Signature				

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 36 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			06 / 24 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	10.00
Metairie	LA	70001	Transaction ID : 760d4407-7e87-4a32-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	34381.25	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			06 24 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	0.90
Metairie	LA	70001	Transaction ID : 5dda67a0-a5ac-4655-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	34381.25	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		• 10.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del></del>			

Schedule E)	JEINI EXI EN	DITOTILO	PAGE 37 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			06 / 24 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	40.00
Shreveport	LA	71119	Transaction ID : 2b531d8c-607b-4237-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			06 24 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	18.00
Shreveport	LA	71119	Transaction ID : 75b4cc36-4bc1-4210-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 58.00
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		• •
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 7 2014
- 3			

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Amount
City State	Zip Code 122.50
Pilot Mountian NC	27041 Transaction ID : d1ef59ed-ad9c-4c70-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Darius Beverly  Mailing Address 157 Bishop Drive	Date of Public Distribution/Dissemination  M 06
City	7in Code
City State Avondale LA	Zip Code 45.00  70094 Transaction ID : 690cc622-9b59-4c06-9
Purpose of Expenditure Salary	Category/ O01 Date of Disbursement or Obligation  M 06 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	167.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 06 26 2014
Signature	

PAGE

38

OF

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak O	rui PAC					С	C00530766	
Check if24-hour rep	ort X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D = D /	Y I Y II Y
Full Name of Payee	vorb.				Da	te of Pul	olic Distribution/	Dissemination
Ms. Dinah Bev	-					M M M	/ D D /	2014
Mailing Address <sub>157</sub>	Bishop Drive				An	nount		
City		State	Zip Code					45.00
Avondale		LA	70064				n <b>ID : 8f2b276a</b> bursement or C	
Purpose of Expenditu Salary	re		Category/ Type	001		06	24	2014
Name of Federal Can	didate			Support	Office So	ught:	House	District:00
Ms. Mary L Landrieu			X	Oppose	Pre	sident	X Senate	State:LA
Calendar Year-To Per Election for		, , , ,	34381.25		Disbursen 2014	1	Primary specify) ▶	X General
Full Name of Payee Ms. Dinah Beve	erly 57 Bishop Drive						blic Distribution	/Dissemination
City		State	Zip Code		— г			3.90
Avondale		LA	70064				ID: 503e887b-	-18fa-414f-8
Purpose of Expenditu Mileage	ire		Category/ Type	002		06	/ D D /	2014
Name of Federal Car	ndidate			Support	Office So	ught:	House	District:00
Ms. Mary L Landrieu			X	Oppose	Pre	sident	X Senate	State: LA
Calendar Year-To Per Election for		, , , ,	34381.2	5	Disburser 2014	1	Primary	General
(a) SUBTOTAL of Item	nized Independent Expenditures	5					7	48.90
(b) SUBTOTAL of Uni	temized Independent Expenditu	ires			. •			
(c) TOTAL Independer	nt Expenditures				•		7	
with, or at the request	ry I certify that the independer or suggestion of, any candidate political party committee or its a	e or authorized						
Ms. Emily	Buchanan	[Electroni	ically Filed]	Date	06	26	5 / 201	
Gigilatule								

PAGE

39

OF

Sch	edule E)	EXI EIIDI	101120		-	PAGE 40 OF 47 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C	00530766
01		N		61-11-1-	M = M /	D = D / Y = Y = Y
Chec	k if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on		
	full Name of Payee Ms. Dinah Beverly			Date	of Public	Distribution/Dissemination  24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 157 Bishop Drive			Amo		
	Dity S	State	Zip Code			40.00
- 1	Avondale	LA	70064			): 95823da3-5725-42b8-a sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / 06	24 / 2014
١	Name of Federal Candidate		Support	Office Soug	ıht:	House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	dent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburseme	ent For:	Primary
	Full Name of Payee			Date	of Public	Distribution/Dissemination
1	Ms. Dinah Beverly				M M /	24 2014
1	Mailing Address 157 Bishop Drive					
				Amo	ount	
	Dity	State	Zip Code			4.20
	Avondale	LA	70064	Trans Date	saction ID of Disbur	: 41c3e2c8-beff-4ded-9 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		06	24 2014
	Name of Federal Candidate		Support	Office Soug	ght:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	dent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburseme 2014	ent For: [ Other (spe	Primary X General ecify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures.			•		44.20
(b	) SUBTOTAL of Unitemized Independent Expenditure	es		· •	1 4	
(с	) TOTAL Independent Expenditures			•	1 4	
wi	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	m m m /	26	2014
	Signature					

	Fileduic E	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Darius Beverly	06 24 2014
	Mailing Address 157 Bishop Drive	Amount
	City State Zip Code	40.00
	Avondale LA 70094	Transaction ID : 2c9ddd50-2bbb-4549-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	06 / 24 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbute 34381.25  Disbute 34381.25	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee  Julie Clifton	Date of Public Distribution/Dissemination
	Mailing Address 712 St. Martin Lane	06 24 2014
		Amount
	City State Zip Code	36.80
	Bossier City LA 71111	Transaction ID: 7c49d552-f6f6-40dd-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	06 24 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	76.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		06 26 2014
	Signature	

PAGE 41

OF

Schedule E)	DEINT EXTEN	STICILO	PAGE 42 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	eport Amends repo	rt filed on
Full Name of Payee Julie Clifton			Date of Public Distribution/Dissemination
Mailing Address 712 St. Martin Lane			06 24 2014
			Amount
City	State	Zip Code	8.13
Bossier City	LA	71111	Transaction ID: c8551074-a564-4005-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	34381.25	Disbursement For:  Primary  General  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanine Holmes			06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 206 Wildwood Dr			Amount
City	State	Zip Code	25.00
Hammond	LA	70401	Transaction ID: 84ff6664-d01b-4166-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	34381.25	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		33.13
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J.g			

Schedule E)	PAGE 43 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee  Jeanine Holmes  Date of	Public Distribution/Dissemination
Mailing Address 206 Wildwood Dr  Amount	24 2014
	3.00 ction ID : bb6c76fa-dbcf-426a-b
Purpose of Expenditure Category/	Disbursement or Obligation  Disbursement or Obligation  Disbursement or Obligation  24 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu  Ms. Mary L Landrieu  Presiden	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Oth	For:  Primary
Regina Wilson	Fublic Distribution/Dissemination
Mailing Address 2020 Hinson Loop Road Amount	06 24 2014 t
City State Zip Code	70.00
Date of	tion ID: 2298286c-fd5b-462f-b Disbursement or Obligation
	06 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in countries, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date    Date	26 / 2014

Sch	edule E)	EXI ENDI				GE 44 OF	47 24/48
	E OF COMMITTEE (In Full)					TIFICATION NUM	
Wc	omen Speak Out PAC					530766	
					M = M / D	) D / Y Y	Y
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on			
	Full Name of Payee Jeanne Tribou				M M / C		YY
N	Mailing Address 22369 Ponderosa Dr.			Amou	06 unt	24 20	4
							• .:
- 1	City Mandeville	State LA	Zip Code 70471	Tran	saction ID :	9f0dd797-5d74-4e	35.00 <b>26b-8</b>
					of Disburser	ment or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid \Box$	M M / C	24 20	14
Ν	Name of Federal Candidate		Support	Office Sough	ht:	louse District:	00
N	Ms. Mary L Landrieu		X Oppose	Presid	lent X S	Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disbursemen 2014	nt For: Other (specify		General
F	Full Name of Payee					stribution/Dissemi	nation
,	Jeanne Tribou				M = M / E	D D / Y Y	YYY
N	Mailing Address 22369 Ponderosa Dr.			L	06	24 20	14
	<del></del>			Amo	unt		
	City	State	Zip Code			70	4.20
	Mandeville	LA	70471	Trans Date	action ID: 5 of Disburser	9d2e541-0f1b-4acment or Obligation	<b>c6-b</b>
	Purpose of Expenditure Mileage		Category/ Type 002			24 / 20	YYY
	Name of Federal Candidate		Support	Office Soug	ht: F	House District:	00
1	Ms. Mary L Landrieu		X Oppose	Presid	dent X	Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		34381.25	Disburseme 2014	nt For: Other (specif		General
(a)	) SUBTOTAL of Itemized Independent Expenditures	i		•	7	39.	20
(b)	) SUBTOTAL of Unitemized Independent Expenditure	res		·· •	7-1-		
(c)	) TOTAL Independent Expenditures			· ·		7	
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 06 /	26	2014	
	Signature						

Sch	nedule E)	IXI LIVE	TOTILO				PAGE 45 FOR SE OF		47 18
	IE OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		
W	omen Speak Out PAC					С	C00530766		
Che	ck if 24-hour report X 48-hour report	X New repo	ort Ameno	ds repor	rt filed on	- M /	D   D /	Y N Y N Y	Y
T	Full Name of Payee				Date	of Public	: Distribution/I	Disseminati	on
	Ms. Tonya Boyd				N	06 /	23	2014	Y
	Mailing Address 2357 Fancy Cap Rd				Amou	nt			
-	City Sta	ate	Zip Code		- [			70.	00
- 1			27030				D: 24381bf5- rsement or O	3a8d-4aff-9	
	Purpose of Expenditure Salary		Category/ Type	001		06 /	23	2014	Y
ı	Name of Federal Candidate		Sup	port	Office Sough	t:	House [	District:(	00
	Ms. Kay Hagan		Х Орр		Preside	ent $\sum$	Senate	State: N	IC
	Calendar Year-To-Date Per Election for Office Sought		31141.50		Disbursemen 2014 O	t For: ther (sp	Primary ecify) ▶	X Ger	neral
Γ	Full Name of Payee				Date	of Public	Distribution/	Disseminati	on
1	Ms. Tonya Boyd					06	23	2014	Y
ľ	Mailing Address 2357 Fancy Cap Rd						20	2011	_
					Amou	nt			
1	City St	tate	Zip Code					15.9	3
	······,	NC	27030		Transa Date	of Disbu	: <b>0277aba2-</b> rsement or C	<b>626f-4a63-</b> Obligation	3
	Purpose of Expenditure Mileage		Category/ Type	002		06	23	2014	Y
-	Name of Federal Candidate		Sup	port	Office Sough	ıt:	House	District:	00
	Ms. Kay Hagan		X Opp	oose	Presid	ent $\sum$	Senate	State:N	IC
	Calendar Year-To-Date Per Election for Office Sought		31141.50		Disbursemer 2014	t For: ther (sp	Primary	X Ger	neral
(8	a) SUBTOTAL of Itemized Independent Expenditures				<b>•</b>			85.93	
(k	b) SUBTOTAL of Unitemized Independent Expenditures	;			•	-7			
(0	c) TOTAL Independent Expenditures				· [	7	7		
W	nder penalty of perjury I certify that the independent e ith, or at the request or suggestion of, any candidate o arty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	26	/ Y Y Y 2014		
	Signature		_	_ 4.0					

Schedule E)	PAGE 46 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
ZACHARY VIDRINE	
Mailing Address 202 RUE DES CAJUN  Amount	24 2014
	20.00
	20.00 ion ID : 619d7af5-bc7f-494c-a Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  06	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	or:
ZACHARY VIDRINE	
Mailing Address 202 RUE DES CAJUN  Amount	24 2014
City State Zip Code	9.60
VILLE PLATTE LA 70586 Transaction Date of E	on ID : 95738017-b707-45aa-a Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement Factor State  Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures	29.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee	Date of	of Public Distribution/Dissemination
Mr. Roger McKinney	M	06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Amou	nt
City State	Zip Code	100.00
Pilot Mountian NC	27041 Trans	action ID: 94bc30dc-f963-4597-a of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	it: House District: 00
Ms. Kay Hagan	Oppose Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	31141.50 Disbursemen 2014 O	ther (specify) ►
Full Name of Payee		of Public Distribution/Dissemination
Mailing Address	Amou	int
City State	Zip Code	. , ,
	Date	of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	/ M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	nt: House District:
	Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursemen	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	······	3021.90
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date 06	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
oignature		

PAGE 47

OF